SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCU 1. Entity Nan ICHO CO	me	# P97000	086271	<u>-</u> •₹£		Se	20, 20 ecretary	y of S	tat	e
- 1	ce of Business		Mailing Address							
179 SW 8 STI IAMI FL 3314			7179 SW 8 STREET MIAMI FL 33144				กดเ	105265		
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. Principal F	Place of Busine	ess	3. Mailing Address							
Suite, Apt.	t. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	E IN THIS SPAC	CE	
City & Stat	ite		City & State		4	4. FEI Number	65-0786178			oplied For ot Applicable
Zip		Country	Zip	Country		5. Certificate o	f Status Desired		75 Add	ditional
	6. Name s	and Address of Curren	t Registered Agent	No	ame /	7. Name and A	ddress of New Re	gistered Ager	nt	
FLORES, LUIS					<u> </u>	P.O. Box Number is Not Acceptable)				
	6 SW 137 PL MI FL 33175	ACE		Street Address (74 St			
MIN	MI FE 33173				<u>Mi'ami</u>	h	33175		-	
				Cit	ty			FL	Zip Cod	e
I. The above	e named entity	Submits this statement f	for the purpose of changing	its registered off	fice or registered	agent, or both	, in the State of Flor	ida.		
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SIGNATURE		or printed name of registered agen	nt and title if applicable. (Ne	OTE: Registered Ageni	at signature required wh	en reinstating)		DATE DATE	<u> </u>	
9. This corp	Signature, typed of	or printed name of registered agent tolle to satisfy its Intangible and elects to do so.	le FILE NOV	V!!! FEE IS \$	150.00	10. Elec	tion Campaign Fina	DATE ncing		0 May Be
9. This corporate Tax filing	Signature, typed of	ole to satisfy its Intangiblend elects to do so.	FILE NOV After MAY 1, 3 Make Check Pay	V!!! FEE IS \$ 2001 Fee will I able to Depart	150.00 be \$550.00 tment of State	10. Elec Trus	Fund Contribution	DATE noing	Ådded	to Fees
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